

PUBLIC WATER SYSTEM COPPER / LEAD ANALYSIS REQUEST FORM

COMPLETE ALL INFORMATION TO ENSURE COMPLIANCE CREDIT

PWS Name :		PWS #:	
Mailing Address:			
City:		State:	Zip:
Attention:		Phone:	
Email Address:		Fax:	
Collector (if different than above):		Contact Phone #:	
Date Collected:		Time Collected: (24 hour clock)	
Additional copy of report sent to:			
Address:		City:	State: Zip:
SAMPLE TYPE	<input type="checkbox"/> CO- confirmation	<input type="checkbox"/> QT- quarterly	<input type="checkbox"/> SP- special
<input type="checkbox"/> RT- routine	<input type="checkbox"/> DU- duplicate	<input type="checkbox"/> RP- repeat	<input type="checkbox"/> OTHER: _____



State of Idaho
Bureau of Laboratories
 2220 Old Penitentiary Rd.
 Boise, ID 83712
 208-334-2235
 EPA Lab No. ID00018

Laboratory Use Only Lab Sample #	Customer Sample ID or Location	Collection Date	Collection Time

Comments:

LABORATORY USE ONLY

Temperature: _____ Shipper: _____ Container Type: _____ Number of Bottles / Sample: _____

Preservative(s): _____ Number of Samples / Order: _____ Lab Order ID: _____

Date Received: _____ Received By: _____ Lab Sample # : _____

Revised 060705